

County: Pierce

Facility ID: 7160

Page 1

ELLSWORTH CARE CENTER
403 NORTH MAPLE STREET

ELLSWORTH 54011 Phone: (715) 273-5821

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 71

Total Licensed Bed Capacity (12/31/03): 74

Number of Residents on 12/31/03: 57

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 57

Limited Liability Company

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		17.5
Supp. Home Care-Personal Care	No					1 - 4 Years		42.1
Supp. Home Care-Household Services	No	Developmental Disabilities	1.8	Under 65	3.5	More Than 4 Years		24.6
Day Services	No	Mental Illness (Org./Psy)	29.8	65 - 74	14.0			----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	31.6			84.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	17.5	65 & Over	96.5	-----		
Transportation	No	Cerebrovascular	15.8		-----	RNs		5.7
Referral Service	No	Diabetes	10.5	Gender	%	LPNs		14.1
Other Services	No	Respiratory	3.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.1	Male	45.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	54.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
			Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)	Total Resi- dents	% Of All			
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%					
Int. Skilled Care	0	0.0	0	2	4.4	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.5		
Skilled Care	4	100.0	372	35	77.8	124	0	0.0	0	8	100.0	137	0	0.0	0	0	0.0	0	47	82.5		
Intermediate	---	---	---	7	15.6	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	12.3		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	1	2.2	187	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	4	100.0		45	100.0		0	0.0		8	100.0		0	0.0		0	0.0		57	100.0		

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	11.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	68.4	31.6	57
Other Nursing Homes	5.8	Dressing	14.0	64.9	21.1	57
Acute Care Hospitals	79.6	Transferring	42.1	31.6	26.3	57
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	38.6	35.1	26.3	57
Rehabilitation Hospitals	1.0	Eating	61.4	28.1	10.5	57
Other Locations	1.9	*****				
Total Number of Admissions	103	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	1.8	Receiving Respiratory Care	0.0	
Private Home/No Home Health	27.6	Occ/Freq. Incontinent of Bladder	40.4	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	31.6	Receiving Suctioning	0.0	
Other Nursing Homes	4.8			Receiving Ostomy Care	0.0	
Acute Care Hospitals	48.6	Mobility		Receiving Tube Feeding	1.8	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.5	Receiving Mechanically Altered Diets	29.8	
Rehabilitation Hospitals	1.0					
Other Locations	2.9	Skin Care		Other Resident Characteristics		
Deaths	15.2	With Pressure Sores	3.5	Have Advance Directives	77.2	
Total Number of Discharges		With Rashes	5.3	Medications		
(Including Deaths)	105			Receiving Psychoactive Drugs	59.6	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.6	86.2	0.89	87.1	0.88	88.1	0.87	87.4	0.88
Current Residents from In-County	87.7	78.5	1.12	81.0	1.08	82.1	1.07	76.7	1.14
Admissions from In-County, Still Residing	12.6	17.5	0.72	19.8	0.64	20.1	0.63	19.6	0.64
Admissions/Average Daily Census	180.7	195.4	0.92	158.0	1.14	155.7	1.16	141.3	1.28
Discharges/Average Daily Census	184.2	193.0	0.95	157.4	1.17	155.1	1.19	142.5	1.29
Discharges To Private Residence/Average Daily Census	50.9	87.0	0.58	74.2	0.69	68.7	0.74	61.6	0.83
Residents Receiving Skilled Care	86.0	94.4	0.91	94.6	0.91	94.0	0.91	88.1	0.98
Residents Aged 65 and Older	96.5	92.3	1.05	94.7	1.02	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	78.9	60.6	1.30	57.2	1.38	61.7	1.28	65.9	1.20
Private Pay Funded Residents	14.0	20.9	0.67	28.5	0.49	23.7	0.59	21.0	0.67
Developmentally Disabled Residents	1.8	0.8	2.18	1.3	1.38	1.1	1.58	6.5	0.27
Mentally Ill Residents	29.8	28.7	1.04	33.8	0.88	35.8	0.83	33.6	0.89
General Medical Service Residents	21.1	24.5	0.86	21.6	0.98	23.1	0.91	20.6	1.02
Impaired ADL (Mean)	46.3	49.1	0.94	48.5	0.95	49.5	0.93	49.4	0.94
Psychological Problems	59.6	54.2	1.10	57.1	1.05	58.2	1.03	57.4	1.04
Nursing Care Required (Mean)	5.0	6.8	0.74	6.7	0.75	6.9	0.73	7.3	0.69